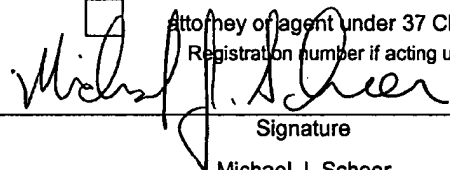


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) W1878.0191	
Application Number 10/721,170-Conf. #5531		Filed November 26, 2003	
For METHOD OF RESELECTING A CELL BY A MOBILE TERMINAL IN IDLE MODE IN A CELLULAR TELECOMMUNICATION NETWORK.			
Art Unit N/A		Examiner Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1630	\$815	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2220	\$1110	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,425</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature Michael J. Scheer _____ Typed or printed name		_____ November 8, 2007 Date (212) 277-6511 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Adjustment date: 01/03/2008 CKHLOK
11/09/2007 INTEFSW 00002662 10721170
02 FC:1253 -1050.00 OP

Refund Ref: 01/03/2008 0030048696

Credit Card Refund Total: \$1050.00

Am Exp.: XXXXXXXXXXXX1001

Electronic Patent Application Fee Transmittal

Application Number:	10721170			
Filing Date:	26-Nov-2003			
Title of Invention:	Method of reselecting a cell by a mobile terminal in idle mode in a cellular telecommunication network			
First Named Inventor/Applicant Name:	Javier Sanchez			
Filer:	Michael J. Scheer/Viola Hyland			
Attorney Docket Number:	W1878.0191			
Filed as Large Entity				
Utility Filing Fees				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Petition-revive unintent. abandoned appl	1453	1	1540	1540
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Extension-of-Time:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 3 months with \$0 paid	1253	1	1050	1050
Miscellaneous:				
Total in USD (\$)				2590

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 01/02/08		2 Serial/Patent # 10/721,170			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
X	Extension of Time 1253		11/08/07	\$ 1,050.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 1,050.00
			8 TO BE REFUNDED BY:		
			Treasury Check		
			X	Credit Deposit A/C #:	
			9	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 50--2215 </div>	
10 REASON:					
	Overpayment				
	Duplicate Payment				
X	No Fee Due (Explanation):				
Extension of time filed after maximum extendable period had expired.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Douglas I. Wood		TITLE: Senior Petitions Attorney			
SIGNATURE: /douglas wood/		PHONE: 571-272-3231			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED:		DATE: 1/3/08			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: